| PERSONA  | AL FINANCIAL STATEMENT  | FORM PFS<br>COVER SHEET   |
|--|---|---|
| For filings requ   | n accordance with chapter 572 of the Government Code.<br>ired in 2008, covering calendar year ending December 31, 2007.   | TOTAL NUMBER OF PAGES FILED: 41 ACCOUNT #                                   |
| Use FOR  | M PFSINSTRUCTION GUIDE when completing this form.   | 00020990  |
| 1 NAME   | TITLE; FIRST; MI  | OFFICE USE ONLY   |
|  | Senator Royce B  NICKNAME; LAST; SUFFIX   | Date Received<br>-  |
|  | West  | RECEIVED  |
| 2 ADDRESS  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  | FEB 14 2008   |
|  | 320 S. R.L. Thornton Freeway, Suite 300<br>Dallas, Texas 75203  | Texas Ethics Commission   |
| (Check if Filer's Home Address)                                  |   | Receipt #   |
| 3 TELEBUONE  | AREA CODE PHONE NUMBER; EXTENSION   | 2-11-08 Amount  |
| NUMBER   |   | Date Processed ROCESSED FEB 1 5 2008  |
|  | · ·   | Date Imaged   |
| FOR FILING<br>STATEMENT  | ☐ CANDIDATE   | (INDICATE OFFICE)   |
|  | Member, Texas Emancipation Juneteenth His   |   |
|  | EXECUTIVE HEAD  | (INDICATE AGENCY)   |
|  | FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT   |   |
|  | STATE PARTY CHAIR   | (INDICATE PARTY)  |
|  | OTHER   | (INDICATE POSITION)   |
|  |   |   |
|  | nose financial activity you are reporting (filer must report information about the filer had actual control over that activity):  | financial activity of the filer's spouse or                                 |
| SPOUSE   |   |   |
| DEPENDENT C  | HILD 1  |   |
|  | 2   |   |
|  | 3   |   |
|  |   |   |
| In Parts 1 through 1 required to disclose over that person's fir | 8, you will disclose your financial activity during the preceding calendar not only your own financial activity, but also that of your spouse or a dependencial activity. | year. In Parts 1 through 14, you are endent child if you had actual control |
| 41   | COPY AND ATTACH ADDITIONAL PAGES AS NI  | ECESSARY R 365213   |

| Texas Ethics Commission P.O                                      | ). Box 12070   | Austin, Texas 78711-2070                       | (512) 463-5800                          | 1-800-325-850   |
|--|--|--|---|-----------------|
| SOURCES OF OCCU  | PATIONAL I   | NCOME  |   | PART 1A         |
| ☐ NOTAPPLICABLE  |  |  |   |                 |
| When reporting information abou providing the number under which | t a dependent child<br>the child is listed or                                  | d's activity, indicate the on the Cover Sheet. | child about whom you a                  | re reporting by |
| 1 INFORMATION RELATES TO   | FILER  | SPOUSE   | DEPENDENT CHILD                         |                 |
| 2 EMPLOYMENT   |  | NAME AND ADDRESS OF EM<br>(Check If Filer's    | PLOYER / POSITION HELD<br>Home Address) |                 |
| EMPLOYED BY ANOTHER  | West & Gooden P. 320 S. R.L. Thornto Dallas, TX 75203                          | C.<br>on Freeway, Suite 300                    |   |                 |
| SELF-EMPLOYED  | Senior Partner, Atto   | NATURE OF O                                    | CCUPATION                               |                 |
| INFORMATION RELATES TO   | FILER  | SPOUSE   | DEPENDENT CHILD                         |                 |
| EMPLOYMENT   |  | NAME AND ADDRESS OF EMI                        | PLOYER/POSITION HELD<br>Home Address)   |                 |
| .  EMPLOYED BY ANOTHER   | State of Texas Sena<br>State Capitol<br>1400 N. Congress A<br>Austin, TX 78701 | Avenue, Room 1E.15                             |   |                 |
| SELF-EMPLOYED  | State Senator  | NATURE OF OC                                   | CCUPATION                               |                 |
| INFORMATION RELATES TO   | <b></b> FILER  | SPOUSE   | DEPENDENT CHILD                         |                 |
| EMPLOYMENT   |  | NAME AND ADDRESS OF EMP<br>(Check If Filer's   |   |                 |
| EMPLOYED BY ANOTHER  | Reach Media, Inc.<br>11760 Noel Rd.<br>Suite 750<br>Dallas, TX                 |  |   |                 |
|  |  |  |   |                 |

SELF-EMPLOYED

NATURE OF OCCUPATION

| rexas Etnics Commission P.O. | . Box 12070 Auslin, Texas 767 11-2070   | (312)463-3600 1-600-325-630          |
|------------------------------|---|--------------------------------------|
| SOURCES OF OCCU              | PATIONAL INCOME   | PART 1A                              |
| NOTAPPLICABLE                |   |                                      |
|                              | a dependent child's activity, indicate the c<br>the child is listed on the Cover Sheet. | hild about whom you are reporting by |
| 1 INFORMATION RELATES TO     | FILER SPOUSE  | DEPENDENT CHILD                      |
| 2 EMPLOYMENT                 | NAME AND ADDRESS OF EMPI  |                                      |
| ☐ EMPLOYED BY ANOTHER        | West & Associates LLP 320 S. R.L. Thornton Freeway Suite 300 Dallas, TX 75203           |                                      |
| SELF-EMPLOYED                | NATURE OF OC<br>Legal   | CUPATION                             |
| INFORMATION RELATES TO       | ✓ FILER SPOUSE  | DEPENDENT CHILD                      |
| EMPLOYMENT                   | NAME AND ADDRESS OF EMPI  |                                      |
|                              | Office of Governor<br>1100 San Jacinto<br>Austin, TX 78701-00301                        |                                      |
| SELF-EMPLOYED                | NATURE OF OCC   | CUPATION                             |
| INFORMATION RELATES TO       | Filer SPOUSE  | DEPENDENT CHILD                      |
| EMPLOYMENT                   | NAME AND ADDRESS OF EMPL  |                                      |
| ■ EMPLOYED BY ANOTHER        |   |                                      |
| SELF-EMPLOYED                | NATURE OF OCC   | UPATION                              |
| COPY AI                      | ND ATTACH ADDITIONAL PAGES AS N   | ECESSARY                             |

| Texas Ethics Commission  | P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-850   |
|--|--|
| RETAINERS  | PART 1B  |
| NOTAPPLICABLE  |  |
| your spouse, or a dependent ch<br>services on a matter specified a | rived as a retainer by you, your spouse, or a dependent child (or by a business in which you, ild have a "substantial interest") for a claim on future services in case of need, rather than for it the time of contracting for or receiving the fee. Report information here only if the value of ing the calendar year did not equal or exceed the value of the retainer. For more information, N GUIDE. |
|  | bout a dependent child's activity, indicate the child about whom you are reporting by ich the child is listed on the Cover Sheet.  |
| 1 FEE RECEIVED FROM  | NAME AND ADDRESS  Wai Wize 10440 Markison Dallas, TX 75238   |
| 2<br>FEE RECEIVED BY   | NAME OF BUSINESS   |
| PEE RECEIVED BY  | FILER OR FILER'S BUSINESS  SPOUSE OR SPOUSE'S BUSINESS  DEPENDENT CHILD OR CHILD'S BUSINESS  |
| 3 FEE AMOUNT   | LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE   |
| FEE RECEIVED FROM  | NAME AND ADDRESS  Texas Instruments 12500 TI Boulevard Dallas, Texas   |
| FEE RECEIVED BY  | NAME OF BUSINESS   |
|  | FILER West & Associates LLP OR FILER'S BUSINESS  |
|  | SPOUSE OR SPOUSE'S BUSINESS  |

LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE

FEE AMOUNT

|   |  |   |  |   | PART 2  |
|---|--|---|--|---|---|
| ☐ NOTAPPLIC   | ABLE   |   |  |   |   |
| and indicate the cat  | tegory of the number nount of the net                                      | n, your spouse, or a der<br>per of shares held or ac<br>gain or loss realized   | quired. If some or   | r all of the stock was  | sold, also indicate the                                 |
|   |  | dependent child's ac<br>child is listed on the Co   |  | child about whom  | you are reporting by                                    |
| <sup>1</sup> BUSINESS ENTIT   | Υ  | Reach Media, Inc.   | N  | AME   | * =   |
| <sup>2</sup> STOCK HELD OR  | ACQUIRED BY  | ✓ FILER   | SPOUSE   | DEPENDENT CHI   | LD  |
| <sup>3</sup> NUMBER OF SHA  | ARES   | LESS THAN 100   | ☐ 100 TO 499<br>☑ 10,000 OR MOF  | ☐ 500 TO 999<br>RE  | 1,000 TO 4,999  |
| 4 IF SOLD   | NET GAIN NET LOSS  | LESS THAN \$5,000   | \$5,000-\$9,999  | \$10,000\$24,999  | \$25,000-OR MORE  |
| BUSINESS ENTIT  | Υ  | Radio One   | N <sub>2</sub>   | AME   | · · · · · · · · · · · · · · · · · · ·                   |
| STOCK HELD OR   | ACQUIRED BY  | ✓ FILER   | SPOUSE   | DEPENDENT CHIL  | LD  |
| NUMBER OF SHA   | RES  | LESS THAN 100   | ☐ 100 TO 499   | ☐ 500 TO 999  | 1,000 TO 4,999  |
| <u> </u>  |  | □ 5,000 TO 9,999  |  |   |   |
| IF SOLD   | ☐ NET GAIN<br>☐ NET LOSS   | LESS THAN \$5,000   | \$5,000\$9,999   | <b>10.000-\$24,999</b>  | \$25,000-OR MORE  |
| BUSINESS ENTIT  | Υ .  | Haliburton Company  | N/   | AME   |   |
| STOCK HELD OR   | ACQUIRED BY  | FILER   | SPOUSE   | DEPENDENT CHIL  | .0  |
|   |  |   |  |   |   |
| NUMBER OF SHA   | RES  | LESS THAN 100   | ☐ 100 TO 499   | ☐ 500 TO 999  | <b>☑</b> 1,000 TO 4,999                                 |
|   | RES  | LESS THAN 100   | 100 TO 499 10,000 OR MOR   | •   | ▼ 1,000 TO 4,999  |
| NUMBER OF SHA   | RES  NET GAIN  NET LOSS  | 1 =   | _  | •   | 1,000 TO 4,999  \$25,000OR MORE                         |
|   | NET GAIN   | 5,000 TO 9,999  | 10,000 OR MOR  | E   |   |
| IF SOLD   | NET GAIN NET LOSS  | 5,000 TO 9,999  | 10,000 OR MOR  | E   | \$25,000OR MORE   |
| IF SOLD  BUSINESS ENTIT   | ✓ NET GAIN  ☐ NET LOSS  Y  ACQUIRED BY                                     | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Time Warner Inc  | 10,000 OR MOR  \$5,000-\$9,999   | \$10,000\$24,999  | \$25,000OR MORE   |
| BUSINESS ENTIT<br>STOCK HELD OR<br>NUMBER OF SHA                                    | ✓ NET GAIN  ☐ NET LOSS  Y  ACQUIRED BY                                     | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☑ FILER   | 10,000 OR MOR  \$5,000-\$9,999   | \$10,000\$24,999  ME  DEPENDENT CHIL  500 TO 999  | \$25,000OR MORE   |
| IF SOLD  BUSINESS ENTIT  STOCK HELD OR  | ✓ NET GAIN  ☐ NET LOSS  Y  ACQUIRED BY                                     | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☐ FILER ☐ LESS THAN 100   | □ 10,000 OR MOR  □ \$5,000-\$9,999  □ \$POUSE □ 100 TO 499   | \$10,000\$24,999  ME  DEPENDENT CHIL  500 TO 999  | □ \$25,000OR MORE  □ 1,000 TO 4,999                     |
| BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA   | ✓ NET GAIN  NET LOSS  Y  ACQUIRED BY  RES  NET GAIN  NET LOSS              | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999  | ☐ 10,000 OR MOR  ☐ \$5,000-\$9,999  NV  ☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000-\$9,999                              | \$10,000\$24,999  ME  DEPENDENT CHIL  500 TO 999  E   | □ \$25,000OR MORE  □ 1,000 TO 4,999                     |
| BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA   | ✓ NET GAIN  NET LOSS  Y  ACQUIRED BY  RES  NET GAIN  NET LOSS  Y           | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000                                    | ☐ 10,000 OR MOR  ☐ \$5,000-\$9,999  NV  ☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000-\$9,999                              | \$10,000\$24,999  ME  DEPENDENT CHIL  500 TO 999  E  \$10,000\$24,999   | □ \$25,000OR MORE  □ 1,000 TO 4,999 □ \$25,000OR MORE   |
| BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITE                 | V NET GAIN NET LOSS  Y  ACQUIRED BY  RES NET GAIN NET LOSS  Y  ACQUIRED BY | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  TXU Corp.                         | □ 10,000 OR MOR  □ \$5,000-\$9,999  □ \$POUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000-\$9,999                                 | S10,000\$24,999  ME  DEPENDENT CHIL  500 TO 999  E  \$10,000\$24,999  | □ \$25,000OR MORE  □ 1,000 TO 4,999 □ \$25,000OR MORE   |
| BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTITE STOCK HELD OR | V NET GAIN NET LOSS  Y  ACQUIRED BY  RES NET GAIN NET LOSS  Y  ACQUIRED BY | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  TXU Corp. ☑ FILER                 | □ 10,000 OR MOR  □ \$5,000-\$9,999  □ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000-\$9,999                                  | ### \$10,000\$24,999  #################################   | □ \$25,000OR MORE  □ 1,000 TO 4,999 □ \$25,000OR MORE □ |
| BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTITE STOCK HELD OR | V NET GAIN NET LOSS  Y  ACQUIRED BY  RES NET GAIN NET LOSS  Y  ACQUIRED BY | ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  Time Warner Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000  TXU Corp. ☐ FILER ☐ LESS THAN 100 | ☐ 10,000 OR MOR ☐ \$5,000-\$9,999 ☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000-\$9,999 ☐ SPOUSE ☐ 100 TO 499 ☐ 100 TO 499 | #E \$10,000\$24,999    \$10,000\$24,999    \$500 TO 999    \$10,000\$24,999    DEPENDENT CHIL   500 TO 999    E | □ \$25,000OR MORE  □ 1,000 TO 4,999 □ \$25,000OR MORE □ |

| Texas Ethics Commiss        | ion P.O.B                             | ox 12070 Austir                                  | n, Texas 78711-20             | 70 (512) 463-          | 5800 1-800-325-850   |
|-----------------------------|---------------------------------------|--|-------------------------------|------------------------|--|
| STOCK                       |                                       |  |                               |                        | PART 2   |
| ☐ NOTAPPLIC                 | ABLE                                  |  |                               |                        |  |
| and indicate the cat        | egory of the numb<br>nount of the net | per of shares held or a                          | cquired. If some o            | r all of the stock was | uring the calendar year<br>sold, also indicate the<br>on, see FORM PFS |
|                             |                                       | dependent child's ac<br>child is listed on the C |                               | child about whom       | you are reporting by   |
| <sup>1</sup> BUSINESS ENTIT | Υ                                     | Valero Energy CP                                 | N                             | AME                    |  |
| <sup>2</sup> STOCK HELD OR  | ACQUIRED BY                           | ☑ FILER  | SPOUSE                        | DEPENDENT CHI          |  |
| 3 NUMBER OF SHA             | RES                                   | LESS THAN 100                                    | <b>✓</b> 100 TO 499           | ☐ 500 TO 999           | 1,000 TO 4,999   |
|                             |                                       | 5,000 TO 9,999                                   | ☐ 10,000 OR MOF               | RE                     |  |
| 4 IF SOLD                   | NET GAIN NET LOSS                     | LESS THAN \$5,000                                | \$5,000-\$9,999               | \$10,000\$24,999       | \$25,000-OR MORE   |
| BUSINESS ENTIT              | Y                                     | V44 V  |                               | AME                    |  |
| STOCK HELD OR               | ACOLUBED BY                           | VM Ware Inc, Class A                             |                               | Descriptivit out       |  |
|                             |                                       | <del>-</del> -                                   | SPOUSE                        | DEPENDENT CHIL         | · <u> </u>   |
| NUMBER OF SHA               | RES                                   | LESS THAN 100                                    | ✓ 100 TO 499  □ 10,000 OR MOR | ☐ 500 TO 999           | ☐ 1,000 TO 4,999   |
| IF SOLD                     | NET GAIN                              | LESS THAN \$5,000                                | \$5,000\$9,999                | \$10,000\$24,999       | \$25,000-OR MORE   |
| BUSINESS ENTIT              | <u></u><br>Y                          |  |                               | AME                    |  |
|                             |                                       | Walmart Stores Inc                               |                               |                        |  |
| STOCK HELD OR               | <del></del>                           | FILER  | SPOUSE                        | DEPENDENT CHIL         |  |
| NUMBER OF SHA               | RES                                   | LESS THAN 100                                    | ☑ 100 TO 499                  | ☐ 500 TO 999           | 1,000 TO 4,999   |
| JE 001 B                    |                                       | 5,000 TO 9,999                                   | 10,000 OR MOR                 | E                      |  |
| IF SOLD                     | NET GAIN NET LOSS                     | LESS THAN \$5,000                                | \$5,000-\$9,999               | \$10,000\$24,999       | \$25,000OR MORE  |
| BUSINESS ENTIT              | Y                                     | VM Ware Inc, Class A                             |                               | AME.                   | · · · · · · · · · · · · · · · · · · ·                                  |
| STOCK HELD OR               | ACQUIRED BY                           | FILER  | SPOUSE                        | DEPENDENT CHIL         |  |
| NUMBER OF SHA               | RES                                   | LESS THAN 100                                    | ☑ 100 TO 499                  | ☐ 500 TO 999           | 1,000 TO 4,999   |

|  | VM Ware Inc, Class A    | A                               |                         |                 |
|--|-------------------------|---------------------------------|-------------------------|-----------------|
| STOCK HELD OR ACQUIRED BY                  | FILER                   | SPOUSE                          | DEPENDENT CHI           | LD              |
| NUMBER OF SHARES                           | LESS THAN 100           | ✓ 100 TO 499                    | ☐ 500 TO 999            | 1,000 TO 4,999  |
|  | 5,000 TO 9,999          | 10,000 OR MOR                   | RE                      |                 |
| IF SOLD  NET GAIN                          | LESS THAN \$5,000       | \$5,000\$9,999                  | <b>\$10,000\$24,999</b> | \$25,000OR MORE |
| ☐ NET LOSS                                 |                         |                                 |                         | <u> </u>        |
| 2112111222                                 |                         |                                 |                         |                 |
| BUSINESS ENTITY                            |                         | N                               | AME                     |                 |
| STOCK HELD OR ACQUIRED BY                  | FILER                   | SPOUSE                          | DEPENDENT CHIL          |                 |
|  | ☐ FILER ☐ LESS THAN 100 | - <u></u>                       |                         | _D              |
| STOCK HELD OR ACQUIRED BY                  | <del></del>             | SPOUSE                          | DEPENDENT CHIL          |                 |
| STOCK HELD OR ACQUIRED BY                  | LESS THAN 100           | SPOUSE 100 TO 499               | DEPENDENT CHIL          | 1,000 TO 4,999  |
| STOCK HELD OR ACQUIRED BY NUMBER OF SHARES | LESS THAN 100           | SPOUSE 100 TO 499 10,000 OR MOR | DEPENDENT CHIL          | 1,000 TO 4,999  |

#### STOCK PART 2 ■ NOTAPPLICABLE List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. <sup>1</sup> BUSINESS ENTITY NAME Pegasus Bank 2 STOCK HELD OR ACQUIRED BY ☑ FILER ☐ SPOUSE DEPENDENT CHILD 1,000 TO 4,999 3 NUMBER OF SHARES 100 TO 499 500 TO 999 LESS THAN 100 5.000 TO 9.999 7 10,000 OR MORE 4 IF SOLD NET GAIN **S**5,000--\$9,999 ■ \$10,000--\$24,999 ■ \$25,000--OR MORE LESS THAN \$5,000 NET LOSS **BUSINESS ENTITY** NAME CT Holdings, Inc. STOCK HELD OR ACQUIRED BY FILER ✓ SPOUSE DEPENDENT CHILD . 100 TO 499 NUMBER OF SHARES LESS THAN 100 500 TO 999 1,000 TO 4,999 5,000 TO 9.999 ☑ 10,000 OR MORE IF SOLD NET GAIN ☐ LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET LOSS **BUSINESS ENTITY** CDSS Wind Down Inc. STOCK HELD OR ACQUIRED BY ☐ FILER ✓ SPOUSE DEPENDENT CHILD ☐ 500 TO 999 ☐ 100 TO 499 √ 1,000 TO 4,999 NUMBER OF SHARES LESS THAN 100 5,000 TO 9,999 10.000 OR MORE IF SOLD NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ LESS THAN \$5,000 NET LOSS **BUSINESS ENTITY** Chart Industries, Inc. STOCK HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD ✓ 100 TO 499 NUMBER OF SHARES LESS THAN 100 ☐ 500 TO 999 1.000 TO 4.999 ■ 10,000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE **NET LOSS BUSINESS ENTITY** International Paper Co. STOCK HELD OR ACQUIRED BY FILER SPOUSE ☐ DEPENDENT CHILD LESS THAN 100 **✓** 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 NUMBER OF SHARES ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

| BONDS, NOTES & O   | THER COMME              | RCIAL PAP               | ER                                 | PART 3                     |  |
|--|-------------------------|-------------------------|------------------------------------|----------------------------|--|
| NOT APPLICABLE   |                         |                         |                                    |                            |  |
| List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by |                         |                         |                                    |                            |  |
| providing the number under which the child is listed on the Cover Sheet.   |                         |                         |                                    |                            |  |
| DESCRIPTION OF INSTRUMENT  | Merrill Lynch Futures I | nvestments              |                                    |                            |  |
| <sup>2</sup> HELD OR ACQUIRED BY   | FILER                   | SPOUSE                  | DEPENDENT (                        | CHILD                      |  |
| IF SOLD  NET GAIN  NET LOSS  | LESS THAN \$5,000       | \$5,000-\$9,999         | <b>\$</b> 10,000 <b>-\$</b> 24,999 | <b>✓ \$</b> 25,000-OR MORE |  |
| DESCRIPTION<br>OF INSTRUMENT   | Schwab Money Markey     | Fund                    |                                    |                            |  |
| HELD OR ACQUIRED BY  | DFILER                  | SPOUSE                  | DEPENDENT C                        | CHILD                      |  |
| IF SOLD  NET GAIN  NET LOSS  | LESS THAN \$5,000       | eee,e\$000, <b>c</b> \$ | <b>√</b> \$10,000\$24,999          | \$25,000OR MORE            |  |
| DESCRIPTION<br>OF INSTRUMENT   |                         |                         |                                    |                            |  |
| HELD OR ACQUIRED BY  | FILER                   | SPOUSE                  | DEPENDENT C                        | HILD                       |  |
| IF SOLD  NET GAIN  NET LOSS  | LESS THAN \$5,000       | \$5,000\$9,999          | <b>\$</b> 10,000 <b>\$</b> 24,999  | \$25,000OR MORE            |  |
| COPY A   | ND ATTACH ADDITIO       | ONAL PAGES AS           | NECESSARY                          |                            |  |

P.O. Box 12070

| MUTUAL FUNDS PART 4                           |   |   |  |                      | PART 4   |
|---|---|---|--|----------------------|--|
| NOTAPPLICABLE                                 |   |   |  |                      |  |
| acquired during the<br>some or all of the sh  | e calendar year and<br>hares of a mutual fu | d indicate the category                           | of the number of s<br>cate the category of | shares of mutual fun | ependent child held or<br>ds held or acquired. If<br>let gain or loss realized |
|   |   | dependent child's ac<br>child is listed on the Co |  | child about whom     | you are reporting by   |
| 1 MUTUAL FUND                                 |   |   | NA NA                                      | AME                  |  |
|   |   | Pioneer Mid Cap Value (Class B)                   |  |                      |  |
| <sup>2</sup> SHARES OF MUTU<br>HELD OR ACQUIR |   | ☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD                |  |                      | LD   |
| 3 NUMBER OF SHAF<br>OF MUTUAL FUND            |   | LESS THAN 100                                     | 100 TO 499                                 | ✓ 500 TO 999         | 1,000 TO 4,999   |
| OF WOTONE CITE                                | 1   | ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE                 |  |                      |  |
| 4 IF SOLD                                     | NET GAIN                                    | LESS THAN \$5,000                                 | \$5,000\$9,999                             | \$10,000\$24,999     | \$25,000OR MORE  |
| MUTUAL FUND                                   |   |   | N <sub>2</sub>                             | ME                   | ,  |
|   |   | Pioneer Mid Cap Valu                              | e (Class A)                                |                      |  |
| SHARES OF MUTU<br>HELD OR ACQUIRE             |   | ☑ FILER   | SPOUSE                                     | DEPENDENT CHIL       | LD   |
| NUMBER OF SHAR<br>OF MUTUAL FUND              |   | LESS THAN 100                                     | 100 TO 499                                 | ✓ 500 TO 999         | 1,000 TO 4,999   |
| OF MICHONE LOND                               |   | □ 5,000 TO 9,999                                  | ☐ 10,000 OR MOR                            | RE                   |  |
| IF SOLD                                       | □ NET GAIN □ NET LOSS                       | LESS THAN \$5,000                                 | \$5,000\$9,999                             | \$10,000-\$24,999    | \$25,000OR MORE  |
| MUTUAL FUND                                   |   |   | NA NA                                      | ME                   |  |
|   |   | American Funds: Inves                             | stment Company A                           |                      |  |
| SHARES OF MUTU<br>HELD OR ACQUIRE             | -   | <b></b> FILER                                     | SPOUSE                                     | DEPENDENT CHIL       | .D   |
| NUMBER OF SHAR<br>OF MUTUAL FUND              |   | LESS THAN 100                                     | 100 TO 499                                 | ☐ 500 TO 999         | 1,000 TO 4,999   |
| OF MOTORET OND                                |   | ☑ 5,000 TO 9,999                                  | 10,000 OR MOR                              | E                    |  |
| IF SOLD                                       | NET GAIN NET LOSS                           | LESS THAN \$5,000                                 | \$5,000\$9,999                             | \$10,000\$24,999     | \$25,000OR MORE  |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY |   |   |  |                      |  |

| Texas Ethics Commission P.O. I   | 3ox 12070 Austi                                     | n, Texas 78711-20                          | 70 (512) 462         | EDOO 1 000 225 DEO        |
|--|---|--|----------------------|---------------------------|
| MUTUAL FUNDS   | 30x 12070 Austi                                     | n, lexas 70711-20                          | 70 (512)463-         | 5800 1-800-325-850 PART 4 |
| NOTAPPLICABLE  |   |  |                      | FANT                      |
| List each mutual fund and the numb acquired during the calendar year ar some or all of the shares of a mutual f from the sale. For more information, | nd indicate the category<br>und were sold, also ind | y of the number of<br>icate the category o | shares of mutual fun | ds held or acquired. If   |
| When reporting information about a providing the number under which the  |   |  | e child about whom   | you are reporting by      |
| 1 MUTUAL FUND  |   | N  | AME                  | <del></del>               |
|  | Van Kampen Mid Ca                                   | p Growth Fund A                            |                      |                           |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY   | ☑ FILER   | SPOUSE                                     | DEPENDENT CHI        | LD                        |
| 3 NUMBER OF SHARES   | LESS THAN 100                                       | ☐ 100 TO 499                               | ✓ 500 TO 999         | 1,000 TO 4,999            |
| OF MUTUAL FUND   | □ 5,000 TO 9,999                                    | 10,000 OR MOR                              | RE                   |                           |
| 4 IF SOLD NET GAIN NET LOSS  | LESS THAN \$5,000                                   | \$5,000\$9,999                             | \$10,000—\$24,999    | \$25,000-OR MORE          |
| MUTUAL FUND  |   | N/   | AME                  |                           |
|  | Van Kampen Mid Cap                                  | Growth Fund B                              |                      |                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY   | ☑ FILER   | SPOUSE                                     | DEPENDENT CHI        | LD                        |
| NUMBER OF SHARES   | LESS THAN 100                                       | ☐ 100 TO 499                               | <b>₹</b> 500 TO 999  | 1,000 TO 4,999            |
| OF MUTUAL FUND   | □ 5,000 TO 9,999                                    | ☐ 10,000 OR MOF                            | RE                   |                           |
| IF SOLD NET GAIN NET LOSS  | LESS THAN \$5,000                                   | <b>\$5,000\$9,999</b>                      | \$10,000-\$24,999    | \$25,000~OR MORE          |
| MUTUAL FUND  |   | N/   | AME.                 |                           |
|  | Davis NY Venture Fu                                 | nd B                                       |                      |                           |
| SHARES OF MUTUAL FUND  | FILER   | SPOUSE                                     | DEPENDENT CHI        | _D                        |

LESS THAN 100

5,000 TO 9,999

☐ 100 TO 499

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

10,000 OR MORE

**☑** 500 TO 999

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

NUMBER OF SHARES

NET GAIN

NET LOSS

OF MUTUAL FUND

IF SOLD

Revised 11/01/2007

1,000 TO 4,999

| MUTUAL FUNDS   |                     |  |                                   |                     | PART 4               |
|--|---------------------|--|-----------------------------------|---------------------|----------------------|
| NOTAPPLICABLE  |                     |  |                                   |                     |                      |
| List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE. |                     |  |                                   |                     |                      |
| When reporting information providing the number under  | n about a which the | dependent child's ac<br>child is listed on the C | ctivity, indicate the over Sheet. | child about whom    | you are reporting by |
| 1 MUTUAL FUND  |                     | NAME   |                                   |                     |                      |
|  |                     | Davis NY Venture Fund A                          |                                   |                     |                      |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY   | )                   | ☑ FILER  | SPOUSE                            | DEPENDENT CHI       | LD                   |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND   |                     | LESS THAN 100                                    | ☐ 100 TO 499                      | <b>☑</b> 500 TO 999 | 1,000 TO 4,999       |
| OF MUTUAL FUND   |                     | □ 5,000 TO 9,999 □ 10,000 OR MORE                |                                   |                     |                      |
| ]  | GAIN<br>LOSS        | LESS THAN \$5,000                                | \$5,000\$9,999                    | \$10,000\$24,999    | \$25,000OR MORE      |
| MUTUAL FUND  |                     |  | NA NA                             | ME                  |                      |
|  |                     | MFS Total Return Fun                             | d Class B                         |                     |                      |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY   | )                   | ☑ FILER  | SPOUSE                            | DEPENDENT CHIL      | LD                   |
| NUMBER OF SHARES   |                     | LESS THAN 100                                    | ☐ 100 TO 499                      | ☐ 500 TO 999        | ✓ 1,000 TO 4,999     |
| OF MUTUAL FUND   |                     | □ 5,000 TO 9,999                                 | ☐ 10,000 OR MOR                   | E                   |                      |
| =  | GAIN<br>LOSS        | LESS THAN \$5,000                                | \$5,000\$9,999                    | \$10,000\$24,999    | \$25,000-OR MORE     |
| MUTUAL FUND  |                     |  | NA                                | ME                  |                      |
|  |                     | MFS Total Return Fund                            | d Class A                         |                     |                      |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY   |                     | <b>☑</b> FILER                                   | SPOUSE                            | DEPENDENT CHIL      | .D                   |
| NUMBER OF SHARES   |                     | LESS THAN 100                                    | 100 TO 499                        | ☐ 500 TO 999        | ✓ 1,000 TO 4,999     |
| OF MUTUAL FUND   |                     | 5,000 TO 9,999                                   | 10,000 OR MOR                     | E                   |                      |
|  | GAIN<br>LOSS        | LESS THAN \$5,000                                | \$5,000-\$9,999                   | \$10,000\$24,999    | \$25,000OR MORE      |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY  |                     |  |                                   |                     |                      |

| MUTUAL FU                                     | JNDS  |   |  |                       | PART 4                  |
|---|---|---|--|-----------------------|-------------------------|
| ☐ NOTAPPLIC                                   | CABLE                                       |   |  |                       |                         |
| acquired during the<br>some or all of the sh  | e calendar year and<br>nares of a mutual fu | er of shares in that mut<br>d indicate the category<br>and were sold, also indic<br>ee FORM PFS-INSTR | of the number of state the category of | shares of mutual fund | ds held or acquired. If |
|   |   | dependent child's ac<br>child is listed on the C  |  | child about whom      | you are reporting by    |
| 1 MUTUAL FUND                                 |   |   | NA<br>NA                               | ME                    |                         |
|   |   | Oppenheimer Value Class A   |  |                       |                         |
| <sup>2</sup> SHARES OF MUTU<br>HELD OR ACQUIR |   | ☑ FILER   | SPOUSE                                 | DEPENDENT CHI         | LD                      |
| 3 NUMBER OF SHAF<br>OF MUTUAL FUND            |   | LESS THAN 100   | ☐ 100 TO 499                           | ✓ 500 TO 999          | 1,000 TO 4,999          |
| Of MOTOALT SHE                                |   | ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE   |  |                       |                         |
| 4 IF SOLD                                     | ✓ NET GAIN  NET LOSS                        | LESS THAN \$5,000   | \$5,000-\$9,999                        | \$10,000\$24,999      | \$25,000-OR MORE        |
| MUTUAL FUND                                   |   |   | NA                                     | ME                    |                         |
|   |   | Oppenheimer Value C   | lass B                                 |                       |                         |
| SHARES OF MUTU<br>HELD OR ACQUIRE             |   | ☑ FILER   | SPOUSE                                 | DEPENDENT CHIL        | .D                      |
| NUMBER OF SHAR                                |   | LESS THAN 100   | ☐ 100 TO 499                           | <b>✓</b> 500 TO 999   | ☐ 1,000 TO 4,999        |
| OF MICTOAL FOND                               |   | □ 5,000 TO 9,999  | 10,000 OR MOR                          | E                     |                         |
| IF SOLD                                       | ☐ NET GAIN ☐ NET LOSS                       | LESS THAN \$5,000   | \$5,000\$9,999                         | \$10,000-\$24,999     | \$25,000—OR MORE        |
| MUTUAL FUND                                   | •   |   | NA.                                    | ME                    |                         |
|   |   | Alliance Bernstein Sma  | all                                    |                       |                         |
| SHARES OF MUTU<br>HELD OR ACQUIRE             |   | FILER   | SPOUSE                                 | DEPENDENT CHIL        | D                       |
| NUMBER OF SHAR<br>OF MUTUAL FUND              | ES  | LESS THAN 100   | ☐ 100 TO 499                           | ₹ 500 TO 999          | ☐ 1,000 TO 4,999        |
| OF MIG TOAL FOND                              |   | 5,000 TO 9,999  | 10,000 OR MOR                          | E                     |                         |
| IF SOLD                                       | □ NET GAIN □ NET LOSS                       | LESS THAN \$5,000   | \$5,000-\$9,999                        | \$10,000\$24,999      | \$25,000OR MORE         |
|   | COPY  | AND ATTACH ADDITIO  | NAI PAGES AS NE                        | CESSARY               |                         |

| Texas Ethics Commissi  | on P.O. B   | ox 12070 Austin   | n, Texas 78711-20                                     | 70 (512) 463-                                  | 5800 1-800-325-850  |
|--|---|---|---|--|---|
| MUTUAL FU  | NDS   |   |   |  | PART 4  |
| ☐ NOTAPPLICA   | ABLE  |   |   |  |   |
| acquired during the some or all of the sha from the sale. For me | calendar year and<br>ares of a mutual fuore information, so<br>ormation about a | d indicate the category<br>ind were sold, also indi<br>ee FORM PFSINSTF | of the number of scate the category of RUCTION GUIDE. | shares of mutual fun<br>of the amount of the n | ependent child held or<br>ds held or acquired. If<br>et gain or loss realized<br>you are reporting by |
| 1 MUTUAL FUND  |   |   | . N/  | AME  | · <del>-</del> ·  |
|  |   | BlackRock Mid Cap   |   |  |   |
| 2 SHARES OF MUTUA<br>HELD OR ACQUIRE                             |   | ☑ FILER   | SPOUSE  | DEPENDENT CHI                                  | LD  |
| 3 NUMBER OF SHARE  | ES  | LESS THAN 100   | ☐ 100 TO <b>4</b> 99                                  | ☐ 500 TO 999                                   | ✓ 1,000 TO 4,999  |
| OF MUTUAL FUND   |   | □ 5,000 ТО 9,999  | ☐ 10,000 OR MOF                                       | RE   |   |
| 4 IF SOLD  | NET GAIN  | LESS THAN \$5,000   | \$5,000-\$9,999                                       | \$10,000\$24,999                               | \$25,000-OR MORE  |
| MUTUAL FUND  |   |   | N/  | ME   |   |
|  |   | Franklin Sm-Mid Cap   | Gr  |  |   |
| SHARES OF MUTUA<br>HELD OR ACQUIRE                               |   | <b>✓</b> FILER  | SPOUSE  | DEPENDENT CHIL                                 | _D  |
| NUMBER OF SHARE<br>OF MUTUAL FUND                                | ES  | LESS THAN 100   | √ 100 TO 499  | ☐ 500 TO 999                                   | ☐ 1,000 TO 4,999  |
| OF MICTOAL FOND  |   | □ 5,000 TO 9,999  | 5,000 TO 9,999  |  |   |
| IF SOLD  | NET GAIN  | LESS THAN \$5,000   | \$5,000\$9,999  | \$10,000-\$24,999                              | \$25,000OR MORE   |
| MUTUAL FUND  |   |   | NA  | МЕ   | -   |
|  |   |   |   |  |   |
|  |   | Nuveen Large Cap Va   | lue   |  |   |
| SHARES OF MUTUA<br>HELD OR ACQUIRE                               |   | FILER   | SPOUSE  | DEPENDENT CHIL                                 | .D  |
| ·  | D BY  | _   |   | DEPENDENT CHIL                                 |   |

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

NET GAIN

☐ NET LOSS

IF SOLD

Revised 11/01/2007

P.O. Box 12070

| MUTUAL FUNDS                                  |  |  |                 |                    | PART 4               |
|---|--|--|-----------------|--------------------|----------------------|
| ☐ NOTAPPLI                                    | CABLE  |  |                 |                    |                      |
| acquired during the<br>some or all of the sh  | List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE.  When reporting information about a dependent child's activity, indicate the child about whom you are reporting by |  |                 |                    |                      |
|   |  | dependent child's ac<br>child is listed on the C |                 | e child about whom | you are reporting by |
| 1 MUTUAL FUND                                 | -  |  | N.              | AME                |                      |
|   |  | Putnam Vista Fund                                |                 |                    |                      |
| <sup>2</sup> SHARES OF MUTU<br>HELD OR ACQUIR |  | ☑ FILER  | SPOUSE          | DEPENDENT CHI      | LO                   |
| 3 NUMBER OF SHARES                            |  | LESS THAN 100                                    | 100 TO 499      | ☐ 500 TO 999       | ✓ 1,000 TO 4,999     |
| OF MUTUAL FUND                                |  | 5,000 TO 9,999                                   | 10,000 OR MOF   | RE                 |                      |
| 4 IF SOLD                                     | NET GAIN   | LESS THAN \$5,000                                | \$5,000\$9,999  | \$10,000-\$24,999  | \$25,000-OR MORE     |
| MUTUAL FUND                                   |  |  | NA              | ME                 |                      |
|   |  |  |                 |                    |                      |
| SHARES OF MUTU<br>HELD OR ACQUIR              |  | FILER  | SPOUSE          | DEPENDENT CHIL     | LD                   |
| NUMBER OF SHAF                                |  | LESS THAN 100                                    | ☐ 100 TO 499    | ☐ 500 TO 999       | 1,000 TO 4,999       |
| OF WIGHTOALT OND                              |  | 5,000 TO 9,999                                   | ☐ 10,000 OR MOR | RE                 |                      |
| IF SOLD                                       | ☐ NET GAIN ☐ NET LOSS  | LESS THAN \$5,000                                | \$5,000-\$9,999 | \$10,000\$24,999   | \$25,000-OR MORE     |
| MUTUAL FUND                                   |  |  | NA NA           | ME                 |                      |
|   |  |  |                 |                    |                      |
| SHARES OF MUTU<br>HELD OR ACQUIRE             |  | FiLER  | SPOUSE          | DEPENDENT CHIL     | .D                   |
| NUMBER OF SHAR                                | -  | LESS THAN 100                                    | ☐ 100 TO 499    | ☐ 500 TO 999       | 1,000 TO 4,999       |
| OF MUTUAL FUND                                | =  | 5,000 TO 9,999                                   | 10,000 OR MOR   | É                  |                      |
| IF SOLD                                       | □ NET GAIN □ NET LOSS  | LESS THAN \$5,000                                | \$5,000\$9,999  | \$10,000\$24,999   | \$25,000OR MORE      |
|   | COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY  |  |                 |                    |                      |

| Texas Ethics Commission P.   | O, Box 12070   | Austin, Texas 78711-207           | 0 (512) 463-5800 1-800-325-8   |
|--|--|-----------------------------------|--|
| INCOME FROM INTI   |  |                                   |  |
| NOTAPPLICABLE  |  |                                   |  |
|  | ents during the cale   | ndar year and indicate the        | in excess of \$500 that was derived from category of the amount of the income. For |
| When reporting information abo<br>providing the number under which |  |                                   | child about whom you are reporting b   |
| 1  |  | NAME AND                          | ADDRESS  |
| SOURCE OF INCOME   | Reach Media<br>11760 Noel Rd.<br>Dallas, TX  |                                   |  |
|  | Dividends  |                                   |  |
| <sup>2</sup> RECEIVED BY   | ✓ FILER  | SPOUSE                            | DEPENDENT CHILD  |
| 3 AMOUNT   | \$500-\$4,999  | \$5,000\$9,999                    | \$10,000-\$24,999 \$25,000OR MORI  |
|  |  | NAME AND                          | ADDRESS  |
| SOURCE OF INCOME   | Merrill Lynch<br>2100 Ross Ave<br>Dallas, TX   |                                   |  |
|  | Dividends  |                                   |  |
| RECEIVED BY  |  |                                   |  |
| (ALCEIVED B)   | <b>☑</b> FILER   | SPOUSE                            | DEPENDENT CHILD  |
| AMOUNT   | \$500-\$4,999  | \$5,000-\$9,999                   | ▼ \$10,000-\$24,999  |
|  |  | NAME AND                          | ADDRESS  |
| SOURCE OF INCOME   | The Investment Co<br>American Funds<br>P.O. Box 659521<br>San Antonio, TX 7<br>Dividends | mpany of America - A<br>8265-9521 |  |
| RECEIVED BY  | ✓ FILER  | SPOUSE                            | DEPENDENT CHILD  |

\$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE

\$500--\$4,999

**AMOUNT** 

| INCOME FROM INTE  | REST, DIVIDE  | NDS, ROYAL            | TIES & RENTS PART 5  |  |
|---|---|-----------------------|--|--|
| NOTAPPLICABLE   |   |                       |  |  |
|   | ents during the calendar                                    | year and indicate the | in excess of \$500 that was derived from category of the amount of the income. For |  |
| When reporting information about providing the number under which |   |                       | child about whom you are reporting by  |  |
| 1 SOURCE OF INCOME  | Dallas National Bank<br>P.O. Box 223809<br>Dallas, TX 75222 | NAME AND              | DADDRESS   |  |
| RECEIVED BY   | <b>✓</b> FILER  | SPOUSE                | DEPENDENT CHILD  |  |
| 3<br>AMOUNT   | \$500\$4,999  | \$5,000\$9,999        | \$10,000-\$24,999 \$25,000OR MORE  |  |
| SOURCE OF INCOME  |   | NAME AND              | ADDRESS  |  |
|   |   |                       |  |  |
| RECEIVED BY   | FILER   | SPOUSE                | DEPENDENT CHILD  |  |
| AMOUNT  | \$500\$4,999  | \$5,000-\$9,999       | \$10,000-\$24,999 \$25,000-OR MORE   |  |
| SOURCE OF INCOME  |   | NAME AND              | ADDRESS  |  |
| RECEIVED BY   | ☐ FILER   | SPOUSE                | DEPENDENT CHILD  |  |
| AMOUNT  | \$500-\$4,999   | \$5,000\$9,999        | \$10,000\$24,999 \$25,000OR MORE   |  |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY                     |   |                       |  |  |

| PERSONAL NOTES AND LEASE AGREEMENTS PART 6   |                        |                |                   |                          |
|--|------------------------|----------------|-------------------|--------------------------|
| ■ NOTAPPLICABLE  |                        |                |                   |                          |
| Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS—INSTRUCTION GUIDE. |                        |                |                   |                          |
| When reporting information abou providing the number under which   |                        |                | echild about whom | you are reporting by     |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT  | Dallas National Bank ( | (Note)         |                   |                          |
| LIABILITY OF   | FILER                  | SPOUSE         | DEPENDENT (       | CHILD                    |
| 3 GUARANTOR  |                        |                |                   |                          |
| 4<br>AMOUNT  | <b>\$1,000\$4,999</b>  | \$5,000\$9,999 | \$10,000\$24,999  | <b>✓</b> \$25,000OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT  | Wells Fargo (Vehicle I | Lease)         |                   |                          |
| LIABILITY OF   | FILER                  | SPOUSE         | DEPENDENT C       | CHILD                    |
| GUARANTOR  |                        |                |                   |                          |
| AMOUNT   | \$1,000\$4,999         | \$5,000\$9,999 | \$10,000\$24,999  | \$25,000OR MORE          |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT  |                        |                |                   |                          |
| LIABILITY OF   | FILER                  | SPOUSE         | DEPENDENT C       | CHILD                    |
| GUARANTOR  |                        |                |                   |                          |
| AMOUNT   | \$1,000\$4,999         | \$5,000\$9,999 | \$10,000\$24,999  | \$25,000OR MORE          |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY  |                        |                |                   |                          |

| INTERESTS IN REAL   | . PROPERTY  | PART <b>7A</b>             |
|---|---|----------------------------|
| NOTAPPLICABLE   |   |                            |
| calendar year. If the interest was so   | real property held or acquired by you, your spouse, or a deplict also indicate the category of the amount of the net gain or loon interest" and other specific directions for completing this see | ss realized from the sale. |
|   | t a dependent child's activity, indicate the child about who he child is listed on the Cover Sheet.   | m you are reporting by     |
| 1 HELD OR ACQUIRED BY   | FILER SPOUSE DEPENDENT  | CHILD                      |
| STREET ADDRESS  NOTAVAILABLE  CHECK IF FILER'S HOME ADDRESS                         | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STA   | ATE                        |
| DESCRIPTION  ✓ LOTS  — ACRES  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE  | ELOCATED                   |
| A NAMES OF PERSONS RETAINING AN INTEREST INOT APPLICABLE (SEVERED MINERAL INTEREST) |   |                            |
| F SOLD  NET GAIN  NET LOSS  | LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,99  | 99                         |
| HELD OR ACQUIRED BY   | ☑ FILER ☐ SPOUSE ☐ DEPENDENT  | CHILD                      |
| STREET ADDRESS  NOT AVAILABLE  CHECK IF FILER'S HOME ADDRESS                        | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STA   | ATE                        |
| DESCRIPTION LOTS ACRES  | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE  5-Dallas County   | LOCATED                    |
| NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)   |   |                            |
| IF SOLD  NET GAIN  NET LOSS   | LESS THAN \$5,000 \$5,000-\$9,999 \$10,000\$24,999  | 9 S25,000OR MORE           |
| COPY A  | ND ATTACH ADDITIONAL PAGES AS NECESSARY   |                            |

| Texas Ethics Commission P.O   | . Box 12070           | Austin, Texas 78711-20      | 70 (512) 463-5800               | 1-800-325-850    |
|---|-----------------------|-----------------------------|---------------------------------|------------------|
| INTERESTS IN REAL   | . PROPERT             | Υ                           |                                 | PART 7A          |
| ☐ NOTAPPLICABLE   |                       |                             |                                 |                  |
| Describe all beneficial interests in calendar year. If the interest was so For an explanation of "beneficial instruction Guide. | ld, also indicate the | e category of the amount o  | of the net gain or loss realize | d from the sale. |
| When reporting information about providing the number under which t   | -                     |                             | child about whom you ar         | e reporting by   |
| 1 HELD OR ACQUIRED BY   | FILER                 | SPOUSE                      | DEPENDENT CHILD                 |                  |
| 2 STREETADDRESS  NOTAVAILABLE   |                       | STREET ADDRESS, INCLUDI     | ING CITY, COUNTY, AND STATE     |                  |
| 3 DESCRIPTION  LOTS  ACRES  | 1-Dallas County       | NUMBER OF LOTS OR ACRES AND | NAME OF COUNTY WHERE LOCATED    |                  |
| A NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)   |                       |                             |                                 |                  |
| F SOLD  NET GAIN  NET LOSS  | LESS THANS            | \$5,000 \$5,000\$9,999      | <b>\$10,000\$24,999 \$25</b>    | 5,000OR MORE     |
| HELD OR ACQUIRED BY   | FILER                 | SPOUSE                      | DEPENDENT CHILD                 |                  |
| STREET ADDRESS  NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS   | 7318 Oakmore, Da      |                             | NG CITY, COUNTY, AND STATE      |                  |
| DESCRIPTION    Lots   | 1-Dallas County       | NUMBER OF LOTS OR ACRES AND | NAME OF COUNTY WHERE LOCATED    |                  |
| NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)  |                       |                             |                                 |                  |
| IF SOLD  NET GAIN  NET LOSS   | LESS THAN S           | \$5,000 \$5,000\$9,999      | \$10,000\$24,999 \$25           | 5,000-OR MORE    |

| Texas Ethics Commission P.C   | D. Box 12070  | Austin,          | Texas 78711-207   | 0 (512) 463                    | -5800 1-800-325-8                     |
|---|---|------------------|-------------------|--------------------------------|---------------------------------------|
| INTERESTS IN BUSI   | NESS ENTI   | TIES             |                   |                                | PART 7                                |
| NOTAPPLICABLE   |   |                  |                   |                                |                                       |
| Describe all beneficial interests in calendar year. If the interest was suffer an explanation of "beneficial INSTRUCTION GUIDE. | old, also indicate the  | e categor        | y of the amount o | of the net gain or loss        | s realized from the sale              |
| When reporting information about providing the number under which   |   |                  |                   | child about whom               | n you are reporting b                 |
| 1 HELD OR ACQUIRED BY   | <b> ✓</b> FILER   |                  | SPOUSE            | DEPENDENT (                    | CHILD                                 |
| 2 DESCRIPTION   |   |                  |                   | DADDRESS<br>er's Home Address) | · · · · · · · · · · · · · · · · · · · |
|   | West & Gooden, I<br>320 S. R.L. Thom<br>Suite 300<br>Dallas, TX 75203 |                  |                   |                                |                                       |
| IF SOLD  NET GAIN NET LOSS  | LESS THAN   | \$5,000 <b>[</b> | \$5,000-\$9,999   | \$10,000\$24,999               | ■ \$25,000-OR MORE                    |
| HELD OR ACQUIRED BY   | ✓ FILER   |                  | SPOUSE            | DEPENDENT C                    | CHILD                                 |
| DESCRIPTION   |   |                  | _                 | ADDRESS<br>er's Home Address)  |                                       |
|   | Reach Media, Inc.<br>13760 Noel<br>Dallas, TX 75240                   |                  | _                 |                                |                                       |
| IF SOLD  NET GAIN NET LOSS  | LESS THAN   | \$5,000 <b>[</b> | \$5,000\$9,999    | \$10,000\$24,999               | \$25,000-OR MORE                      |
| HELD OR ACQUIRED BY   | <b>✓</b> FILER  |                  | SPOUSE            | DEPENDENT C                    | CHILD                                 |
| DESCRIPTION   | Skyview Developr<br>320 S. R.L. Thorn<br>Dallas, TX 75203             |                  | Check If File     | ADDRESS<br>er's Home Address)  |                                       |

☐ LESS THAN \$5,000 ☐ \$5,000~\$9,999 ☐ \$10,000~\$24,999 ☐ \$25,000—OR MORE

IF SOLD

☐ NET GAIN
☐ NET LOSS

| INTERESTS IN BUS   | SINESS ENT  | TITIES                             | PART 7B  |
|--|---|------------------------------------|--|
| ☐ NOTAPPLICABLE  |   |                                    |  |
| calendar year. If the interest was                           | s sold, also indicate t   | the category of the amor           | u, your spouse, or a dependent child during the unt of the net gain or loss realized from the sale, or completing this section, see FORM PFS |
| When reporting information ab providing the number under whi |   |                                    | the child about whom you are reporting by  |
| 1 HELD OR ACQUIRED BY  |   | SPOUSE                             | DEPENDENT CHILD  |
| DESCRIPTION  |   |                                    | ME AND ADDRESS  If Filer's Home Address)   |
|  | Radio One<br>5900 Princess O<br>7th Floor<br>Lanham, Maryla       |                                    |  |
| IF SOLD  NET GAIN  NET LOSS                                  | ☐ LESS THA  | N \$5,000 S5,000-\$9,9             | 999  |
| HELD OR ACQUIRED BY  | ☑ FILER   | SPOUSE                             | DEPENDENT CHILD  |
| DESCRIPTION  |   |                                    | IE AND ADDRESS<br>If Filer's Home Address)   |
|  | West & Associa<br>320 S. R.L. Tho<br>Suite 300<br>Dallas, TX 7520 | rnton Freeway                      |  |
| IF SOLD  NET GAIN NET LOSS                                   | LESS THAI   | N \$5,000                          | 999  |
| HELD OR ACQUIRED BY  | ✓ FILER   | SPOUSE                             | DEPENDENT CHILD  |
| DESCRIPTION  | Royce West & A<br>320 S. R.L. Tho<br>Suite 300<br>Dallas, TX 7520 | Check Associates P.C. mton Freeway | E AND ADDRESS<br>If Filer's Home Address)  |

☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE

IF SOLD

☐ NET GAIN
☐ NET LOSS

| Texas Ethics Commission   | P.O. Box 12070  | Austin, Texas 78711-20  | 070 (512) 463-5800   | 1-800-325-8506  |  |
|---|---|---|--|---|--|
| GIFTS   |   |   |  | PART 8  |  |
| NOTAPPLICABLE   |   |   |  |   |  |
| Identify any person or organizate describe the gift. The description include a statement of the value registered as a lobbyist under case FORM PFS—INSTRUCTIO | on of a gift of cash or a<br>e of the gift. Do not inc<br>chapter 305 of the Go<br>ed to the recipient with | cash equivalent, such as a<br>clude: 1) expenditures requ<br>vernment Code; 2) politica | a negotiable instrument or gif<br>uired to be reported by a pers<br>I contributions reported as re | t certificate, must<br>on required to be<br>quired by law; or |  |
| When reporting information a providing the number under wh  |   |   | ne child about whom you a  | are reporting by  |  |
| 1 DONOR   |   | NAME A  | ND ADDRESS   |   |  |
|   |   |   |  |   |  |
| RECIPIENT   | FILER   | SPOUSE  | DEPENDENT CHILD  |   |  |
| DESCRIPTION OF GIFT   |   |   |  |   |  |
| DONOR   |   | NAME A  | ND ADDRESS   |   |  |
|   |   |   |  |   |  |
| RECIPIENT   | FILER   | SPOUSE  | DEPENDENT CHILD  |   |  |
| DESCRIPTION OF GIFT   |   |   |  |   |  |
| DONOR   |   | NAME AI   | ND ADDRESS   |   |  |
|   |   |   |  |   |  |
| RECIPIENT   | FILER   | SPOUSE  | DEPENDENT CHILD  |   |  |
| DESCRIPTION OF GIFT   |   |   |  |   |  |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY   |   |   |  |   |  |

Texas Ethics Commission

| Texas Ethics Commission P.O  | . Box 12070 Austir   | n, Texas 78711-207  | 70 (512) 463-t                            | 5800 1-800-325-850                                |
|--|--|---|---|---|
| TRUST INCOME   |  |   |   | PART 9  |
| ✓ NOTAPPLICABLE  |  |   |   |   |
| Identify each source of income rece<br>category of the amount of income re<br>than \$500 in income, if the identity of<br>When reporting information about<br>providing the number under which the | eceived. Also identify ea<br>of the asset is known. Fo<br>t a dependent child's ac | ch asset of the trus<br>r more information<br>ctivity, indicate the | t from which the bend<br>, see FORM PFSIN | eficiary received <i>more</i><br>STRUCTION GUIDE. |
| 1 SOURCE   |  | NAME (  | OF TRUST                                  |   |
| <sup>2</sup> BENEFICIARY   | FILER  | SPOUSE  | DEPENDENT (                               | CHILD   |
| 3 INCOME   | LESS THAN \$5,000  | \$5,000-\$9,999   | \$10,000\$24,999                          | \$25,000OR MORE                                   |
| ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN  |  |   |   |   |
| SOURCE   |  | NAME C  | OF TRUST                                  |   |
| BENEFICIARY  | FILER  | SPOUSE  | DEPENDENT C                               | CHILD   |
| INCOME   | LESS THAN \$5,000  | \$5,000\$9,999  | \$10,000 <b>-\$24</b> ,999                | \$25,000OR MORE                                   |
| ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN  |  |   |   |   |
| SOURCE   |  | NAME C  | F TRUST                                   |   |
| BENEFICIARY  | FILER  | SPOUSE  | DEPENDENT C                               | CHILD   |
| INCOME   | LESS THAN \$5,000  | \$5,000\$9,999  | \$10,000\$24,999                          | \$25,000OR MORE                                   |

ASSETS FROM WHICH OVER \$500 WAS RECEIVED

UNKNOWN

| Texas Ethics Commission                               | P.O. Box 12070          | Austin, Texas 78711-2070       | (512) 463-5800 1-800-325-8506      |
|---|-------------------------|--------------------------------|------------------------------------|
| BLIND TRUSTS  |                         |                                | PART <b>10A</b>                    |
| NOTAPPLICABLE   |                         |                                |                                    |
| Identify each blind trust that of GUIDE.              | complies with section 5 | 72.023(c) of the Government Co | ode. See FORM PFSINSTRUCTION       |
| When reporting information providing the number under |                         |                                | ld about whom you are reporting by |
| 1 NAME OF TRUST                                       |                         |                                |                                    |
| <sup>2</sup> TRUSTEE                                  |                         | NAME AND ADD                   | RESS                               |
| 3 BENEFICIARY   | FILER                   | SPOUSE                         | DEPENDENT CHILD                    |
| 4 FAIR MARKET VALUE                                   | LESS THA                | N \$5,000 \$5,000\$9,999       | \$10,000\$24,999  \$25,000-OR MORE |
| 5 DATE CREATED  |                         |                                |                                    |
| NAME OF TRUST   |                         |                                |                                    |
| TRUSTEE   |                         | NAME AND ADD                   | RESS                               |
| BENEFICIARY   | Filer                   | SPOUSE                         | DEPENDENT CHILD                    |
| FAIR MARKET VALUE                                     | LESS THA                | N \$5,000                      | \$10,000\$24,999 S25,000OR MORE    |
| DATE CREATED  |                         |                                |                                    |
| NAME OF TRUST   |                         |                                |                                    |
| TRUSTEE   |                         | NAME AND ADDI                  | RESS                               |
| BENEFICIARY   | FILER                   | SPOUSE                         | DEPENDENT CHILD                    |
| FAIR MARKET VALUE                                     | LESS THAI               | N \$5,000 \$5,000\$9,999 ::    | \$10,000-\$24,999                  |
| DATE CREATED  |                         |                                |                                    |
| СО  | PY AND ATTACH           | ADDITIONAL PAGES AS NE         | CESSARY                            |

| Texas Ethics Commission | P.O. Box 12070 | Austin, Texas 78711-2070 | (512) 463-5800 | 1-800-325-8506 |
|-------------------------|----------------|--------------------------|----------------|----------------|

| TRUSTEE STATE  | MENT PART 10B  |
|--|--|
| NOTAPPLICABLE  |  |
|  | ed to identify a blind trust on Part 10A of the Personal Financial Statement must submit a stee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government sts are listed below.  |
| 1 NAME OF TRUST  |  |
| 2 TRUSTEE NAME   |  |
| 3 FILER ON WHOSE<br>BEHALF STATEMENT<br>IS BEING FILED | NAME   |
| 4 TRUSTEE STATEMENT                                    | I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code. |
|  | Trustee Signature  |

#### § 572.023. Contents of Financial Statement in General

- (b) The account of financial activity consists of:
  - (8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;
  - (14) identification of each blind trust that complies with Subsection (c), including:
    - (A) the category of the fair market value of the trust;
    - (B) the date the trust was created;
    - (C) the name and address of the trustee; and
    - (D) a statement signed by the trustee, under penalty of perjury, stating that:
      - (i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and
      - (ii) to the best of the trustee's knowledge, the trust complies with this section.
- (c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:
  - (1) the trustee:
    - (A) is a disinterested party;
    - (B) is not the individual;
    - (C) is not required to register as a lobbyist under Chapter 305;
    - (D) is not a public officer or public employee; and
    - (E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and
  - (2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.
- (d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

| Texas Ethics Commission                              | P.O. Box 12070                                       | Austin, Texas 78711                                      | -2070 (512) 463-58  | 00 1-800-325-850    |
|--|--|--|---|---------------------|
| ASSETS OF BU   | ISINESS ASSO   | OCIATIONS  |   | PART 11A            |
| ☐ NOTAPPLICABLE                                      |  |  |   |                     |
| corporation, professional                            | association, joint ventu<br>or sold 50 percent or mo | re, or other business asso<br>ore of the outstanding owr | rship, limited liability partnociation in which you, your<br>nership and indicate the ca<br>DE. | spouse, or a depen- |
| When reporting informati<br>providing the number und |  |  | the child about whom y  | ou are reporting by |
| 1 BUSINESS   |  | NAME AND (Check If File                                  | ADDRESS<br>r's Home Address)  | -                   |
| ASSOCIATION  | Skyview Developmen<br>320 S. R.L. Thornton           | t LLC<br>Freeway, Dallas, TX 75203                       |   |                     |
| <sup>2</sup> BUSINESS TYPE                           | Real Estate Developm                                 | ent: Limited Lability Com                                | pany  |                     |
| <sup>3</sup> HELD, ACQUIRED,<br>OR SOLD BY           | <b>✓</b> FILER                                       | SPOUSE   | DEPENDENT CH  | IILD ———            |
| 4 ASSETS   | DES  | CRIPTION   | CATEGO  | RY                  |
|  | Building   |  | LESS THAN \$5,000   | \$5,000\$9,999      |
|  |  |  | \$10,000\$24,999  | \$25,000OR MORE     |
|  |  |  | LESS THAN \$5,000   | \$5,000\$9,999      |
|  |  |  | \$10,000\$24,999  | \$25,000OR MORE     |
|  |  |  | │<br>│  | \$5,000\$9,999      |
|  |  |  | \$10,000\$24,999  | \$25,000OR MORE     |

| COPY A | AND ATTACH ADDITIONAL PAGES | AS NECESSARY      |                                   |
|--------|-----------------------------|-------------------|-----------------------------------|
|        | <br> <br>                   | LESS THAN \$5,000 | \$5,000\$9,999                    |
|        |                             | LESS THAN \$5,000 | \$5,000\$9,999<br>\$25,000OR MORE |
|        | <br> <br>                   | LESS THAN \$5,000 | \$5,000\$9,999<br>\$25,000OR MORE |
|        |                             | LESS THAN \$5,000 | \$5,000\$9,999<br>\$25,000OR MORE |
|        |                             | LESS THAN \$5,000 | \$5,000\$9,999<br>\$25,000OR MORE |

## **ASSETS OF BUSINESS ASSOCIATIONS**

PART 11A

| ■ NOTAPPLICABLE   |  |  |   |                                 |
|---|--|--|---|---------------------------------|
| Describe all assets of eac<br>corporation, professional a<br>dent child held, acquired, o<br>of the assets. For more info | issociation, joint ventu<br>r sold 50 percent or m | ure, or other business asso<br>fore of the outstanding own | ociation in which you, you<br>ership and indicate the d | ur spouse, or a depen-          |
| When reporting information providing the number under   |  |  | the child about whom                                    | you are reporting by            |
| 1 BUSINESS  |  | NAME AND A   | ADDRESS<br>'s Home Address)                             |                                 |
| ASSOCIATION   | West & Associates Ll<br>320 S. R.L. Thornton       | LP<br>Freeway, Dallas, TX 75203                            |   |                                 |
| <sup>2</sup> BUSINESS TYPE  | Limited Lability Part                              | nership  |   |                                 |
| <sup>3</sup> HELD, ACQUIRED,<br>OR SOLD BY  | <b>✓</b> FILER                                     | SPOUSE   | DEPENDENT   | CHILD ——                        |
| 4 ASSETS  | [  | SCRIPTION  | t   | GORY                            |
|   | Property/Equipment                                 |  | LESS THAN \$5,000                                       | <b>\$</b> 5,000\$9,999          |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE                 |
|   | Office Furniture                                   |  | LESS THAN \$5,000                                       | \$5,000\$9,999                  |
|   |  | į  | \$10,000\$24,999  | \$25,000OR MORE                 |
|   | Computer Equipment                                 |  |   | _                               |
|   | Comparer Equipment                                 | •  | LESS THAN \$5,000                                       | \$5,000\$9,999                  |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE                 |
|   |  |  | LESS THAN \$5,000                                       | <b>\$</b> 5,000 <b>\$</b> 9,999 |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE                 |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999                  |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE                 |
| į   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999                  |
|   | <br>   |  | \$10.000\$24,999  | \$25,000OR MORE                 |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999                  |
|   |  |  | <b>\$10,000\$24,999</b>                                 | \$25,000OR MORE                 |
|   |  | · · · · · · · · · · · · · · ·                              | • • • • • • • • • • • • • • • • • • •                   |                                 |
|   |  | į  | LESS THAN \$5,000                                       | \$5,000\$9,999                  |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE                 |
| C   | OPY AND ATTACH                                     | ADDITIONAL PAGES   | AS NECESSARY  | <del></del>                     |

#### ASSETS OF BUSINESS ASSOCIATIONS **DADT 11 Δ**

| ASSETS OF BU  | 3111E33 A33U   | CIATIONS   |   | PARITIA                |
|---|--|--|---|------------------------|
| NOTAPPLICABLE   |  |  |   |                        |
| Describe all assets of eac<br>corporation, professional a<br>dent child held, acquired, o<br>of the assets. For more info | association, joint venture<br>or sold 50 percent or more | e, or other business ass<br>e of the outstanding own | ociation in which you, yo<br>nership and indicate the o | ur spouse, or a depen- |
| When reporting information providing the number under   |  |  | e the child about whom                                  | you are reporting by   |
| 1 BUSINESS<br>ASSOCIATION   | West & Gooden P.C.<br>320 S. R.L. Thornton Fr            | NAME AND (Check II File                              | er's Home Address)                                      |                        |
| <sup>2</sup> BUSINESS TYPE  | Professional Corporatio                                  | n  |   |                        |
| <sup>3</sup> HELD, ACQUIRED,<br>OR SOLD BY  | <b></b> FILER  | SPOUSE   | DEPENDENT   | CHILD                  |
| 4 ASSETS  | DESCR  | RIPTION  | CATE  | GORY                   |
|   | Property/Equipment                                       |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE        |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE        |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE        |
|   |  |  |   | _                      |
|   |  |  | LESS THAN \$5,000                                       | <b>\$5,000\$9,999</b>  |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE        |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE        |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | <br>  <b>  \$10,000\$24,999</b>                         | \$25,000OR MORE        |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | \$10,000-\$24,999                                       | \$25,000OR MORE        |
|   |  |  | <del>T</del>  | <del></del>            |
|   |  |  | LESS THAN \$5,000                                       | \$5,000\$9,999         |
|   |  |  | \$10,000\$24,999  | \$25,000OR MORE        |
|   | OPY AND ATTACH   | ADDITIONAL PAGES                                     | AS NECESSARY  | <del></del>            |

## **ASSETS OF BUSINESS ASSOCIATIONS**

PART 11A

| ☐ NOTAPPLICABLE  |   |   |   |                                     |
|--|---|---|---|-------------------------------------|
| Describe all assets of each corporation, professional adent child held, acquired, of the assets. For more info | association, joint ventu<br>or sold 50 percent or m   | ure, or other business asso<br>ore of the outstanding own | ociation in which you, yo<br>nership and indicate the o | ur spouse, or a depen-              |
| When reporting informati providing the number under  |   |   | the child about whom                                    | you are reporting by                |
| <sup>1</sup> BUSINESS<br>ASSOCIATION   | NAME AND ADDRESS  (Check If Filer's Home Address)  Royce West & Associates P.C. 320 S. R.L. Thornton Freeway, Suite 300, Dallas, TX 75203 |   |   |                                     |
| <sup>2</sup> BUSINESS TYPE   | Professional Corpora  | tion  |   |                                     |
| <sup>3</sup> HELD, ACQUIRED,<br>OR SOLD BY   | <b>✓</b> FILER  | SPOUSE  | DEPENDENT   | CHILD ———                           |
| 4 ASSETS   | No Assets   | SCRIPTION   | CATE LESS THAN \$5,000 \$10,000\$24,999                 | GORY \$5,000\$9,999 \$25,000OR MORE |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9,999<br>\$25,000OR MORE   |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9,999<br>\$25,000OR MORE   |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9,999<br>\$25,000OR MORE   |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9.999<br>\$25,000OR MORE   |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9,999<br>\$25,000OR MORE   |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9,999<br>\$25,000OR MORE   |
|  |   |   | LESS THAN \$5,000                                       | \$5,000\$9,999<br>\$25,000OR MORE   |
| (  | COPY AND ATTACH   | ADDITIONAL PAGES  | AS NECESSARY  |                                     |

| Texas Ethics Commission  | P.O. Box 12070  | Austin, Texas 78711  | -2070 (512) 463-580   | 0 1-800-325-850                          |
|--|---|--|---|--|
| LIABILITIES OF   | BUSINESS AS   | SOCIATIONS   |   | PART 11B                                 |
| ☐ NOTAPPLICABLE  |   |  |   |  |
| corporation, professional a<br>dent child held, acquired, o<br>of the assets. For more inf | association, joint venture<br>or sold 50 percent or mor<br>formation, see FORM PF<br>on about a dependent | e, or other business assore of the outstanding owr S-INSTRUCTION GUIL child's activity, indicate | ership, limited liability partne ociation in which you, your shership and indicate the cate DE.  The the child about whom you | pouse, or a depen-<br>gory of the amount |
| <sup>1</sup> BUSINESS  |   | NAME AND   | ADDRESS<br>r's Home Address)  | _  |
| ASSOCIATION  | Skyview Development<br>320 S. R.L. Thornton F   | <b>—</b> ·   | ·   |  |
| <sup>2</sup> BUSINESS TYPE   | Limited Lability Compa  | nny  |   |  |
| <sup>3</sup> HELD, ACQUIRED,<br>OR SOLD BY   | <b>✓</b> FILER  | SPOUSE   | DEPENDENT CHI   | LD                                       |
| 4 LIABILITIES  | Debt  | RIPTION  |   | \$ \$5,000\$9,999<br>\$ \$25,000OR MORE  |
|  | Tenant Deposits   |  | LESS THAN \$5,000   | \$5,000\$9,999<br>\$25,000OR MORE        |
|  |   |  |   | \$5,000\$9,999<br>\$25,000OR MORE        |
|  |   |  | LESS THAN \$5,000   | \$5,000\$9,999<br>\$25,000OR MORE        |
|  |   |  |   | \$5,000\$9,999<br>\$25,000OR MORE        |
|  |   |  |   | \$5,000\$9,999<br>\$25,000OR MORE        |
|  |   |  | !   | \$5,000\$9,999<br>\$25,000OR MORE        |
|  |   |  | \$10,000\$24,999  | \$5,000\$9,999<br>\$25,000OR MORE        |
| (  | COPY AND ATTACH   | ADDITIONAL PAGES   | AS NECESSARY  |  |

## Texas Ethics Commission P.O. Box 12070 (512) 463-5800 1-800-325-8506 LIABILITIES OF BUSINESS ASSOCIATIONS PART 11B ■ NOTAPPLICABLE Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| 1 BUSINESS<br>ASSOCIATION       | West & Associates LLP 320 S. R.L. Thornton Freeway, Suite 300, Dallas, TX 75203 |        |                      |                                    |
|---------------------------------|---|--------|----------------------|------------------------------------|
| <sup>2</sup> BUSINESS TYPE      | Limited Lability Partnership  | )      |                      |                                    |
| 3 HELD, ACQUIRED,<br>OR SOLD BY | FILER   | SPOUSE | ☐ DEPENDENT          | CHILD ———                          |
| 4 LIABILITIES                   | Client Trust Acct.  | ИС     | LESS THAN \$5,000    | EGORY                              |
|                                 |   |        | \$10,000\$24,999<br> | \$25,000OR MORE                    |
|                                 | i   |        | LESS THAN \$5,000    | \$5,000\$9,999<br>\$25,000OR MORE  |
|                                 |   |        | LESS THAN \$5,000    | \$5,000\$9,999                     |
|                                 |   |        | LESS THAN \$5,000    | \$5,000\$9,999 \$25,000OR MORE     |
|                                 |   |        | LESS THAN \$5,000    | \$5,000\$9,999<br>\$25,000OR MORE  |
|                                 |   |        | LESS THAN \$5,000    | \$5,000-\$9,999<br>\$25,000OR MORE |
|                                 |   | <br>   | LESS THAN \$5,000    | \$5,000\$9,999<br>\$25,000OR MORE  |
|                                 |   |        | LESS THAN \$5,000    | \$5,000\$9,999 \$25,000OR MORE     |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

### LIABILITIES OF BUSINESS ASSOCIATIONS **PART 11B** ■ NOTAPPLICABLE Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS (Check If Filer's Home Address) **BUSINESS** ASSOCIATION West & Gooden P.C. 320 S. R.L. Thornton Freeway, Dallas, TX 75203 <sup>2</sup> BUSINESS TYPE Professional Corporation 3 HELD, ACQUIRED, SPOUSE **✓** FILER DEPENDENT CHILD ----OR SOLD BY DESCRIPTION CATEGORY LIABILITIES Client Trust Acct. LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5.000 \$5,000--\$9,999 \$10.000--\$24.999 \$25,000--OR MORE \$5.000--\$9.999 LESS THAN \$5,000 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 **■ \$5.000--\$9.999** \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

#### **BOARDS AND EXECUTIVE POSITIONS PART 12**

| ■ NOTAPPLICABLE  |  |   |   |
|--|--|---|---|
| your spouse, or a depende<br>ships, professional corpora | ent child hold in corporations<br>itions, professional associati | s, firms, partnerships<br>ons, joint ventures, of | are a member and all executive positions you,<br>, limited partnerships, limited liability partner-<br>ther business associations, or proprietorships,<br>tion, see FORM PFS—INSTRUCTION GUIDE. |
|  | on about a dependent child<br>r which the child is listed on     |   | the child about whom you are reporting by   |
| 1 ORGANIZATION   | West & Gooden P.C.   |   |   |
| POSITION HELD  | President  |   |   |
| <sup>3</sup> POSITION HELD BY                            | <b>✓</b> FILER   | SPOUSE  | DEPENDENT CHILD   |
| ORGANIZATION   | Tom Joyner Foundation, Inc                                       |   |   |
| POSITION HELD  | Secretary  |   |   |
| POSITION HELD BY   | <b>✓</b> FILER   | SPOUSE  | DEPENDENT CHILD   |
| ORGANIZATION   | Skyview Development LLC  |   |   |
| POSITION HELD  | President  |   |   |
| POSITION HELD BY   | <b></b> FILER  | SPOUSE  | DEPENDENT CHILD   |
| ORGANIZATION   | Reach Media, Inc.  |   |   |
| POSITION HELD  | Secretary  |   |   |
| POSITION HELD BY   |  | SPOUSE  | DEPENDENT CHILD   |
| ORGANIZATION   | West & Associates LLP  |   |   |
| POSITION HELD  | Managing Partner   |   |   |
| POSITION HELD BY   | √ FILER  | SPOUSE  | DEPENDENT CHILD   |
|  | OPY AND ATTACH ADD   | DITIONAL PAGES                                    | AS NECESSARY  |

P.O. Box 12070

| BOARDS AND B   | EXECUTIVE P  | OSITIONS   | PART 12  |
|--|--|--|--|
| ☐ NOTAPPLICABLE  |  |  |  |
| your spouse, or a dependence ships, professional corporations. | ent child hold in corpo<br>ations, professional as | rations, firms, partnerships,<br>sociations, joint ventures, otl | re a member and all executive positions you,<br>limited partnerships, limited liability partner-<br>her business associations, or proprietorships,<br>on, see FORM PFSINSTRUCTION GUIDE. |
| When reporting information providing the number under          |  |  | he child about whom you are reporting by   |
| ORGANIZATION   | Royce West & Associ                                | ates, P.C.   |  |
| POSITION HELD  | President  |  |  |
| 3 POSITION HELD BY   | √ FILER  | SPOUSE   | DEPENDENT CHILD  |
| ORGANIZATION   |  |  |  |
| POSITION HELD  |  |  |  |
| POSITION HELD BY   | ☐ FILER  | SPOUSE   | DEPENDENT CHILD  |
| ORGANIZATION   |  |  |  |
| POSITION HELD  |  |  |  |
| POSITION HELD BY   | FILER  | SPOUSE   | DEPENDENT CHILD  |
| ORGANIZATION   |  |  |  |
| POSITION HELD  |  |  |  |
| POSITION HELD BY   | FILER  | SPOUSE   | DEPENDENT CHILD  |
| ORGANIZATION   |  |  |  |
| POSITION HELD  |  |  |  |
| POSITION HELD BY   | FILER  | SPOUSE   | DEPENDENT CHILD  |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY                  |  |  |  |

| EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13  |   |  |  |  |
|---|---|--|--|--|
| ✓ NOTAPPLICABLE   |   |  |  |  |
| of the Penal Code, in connection with audience or participating in a seminal transportation, meals, or lodging. You on a campaign finance report, or ex | ou with necessary transportation, meals, or lodging, as permitted under section 36.07(b) that conference or similar event in which you rendered services, such as addressing an nar, that were more than perfunctory. Also provide the amount of the expenditures on ou are not required to include items you have already reported as political contributions penditures required to be reported by a lobbyist under the lobby law (chapter 305 of the nation, see FORM PFS-INSTRUCTION GUIDE. |  |  |  |
| 1 PROVIDER  | NAME AND ADDRESS  |  |  |  |
|   |   |  |  |  |
| <sup>2</sup> AMOUNT   |   |  |  |  |
| PROVIDER  | NAME AND ADDRESS  |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| AMOUNT  |   |  |  |  |
| PROVIDER  | NAME AND ADDRESS  |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| AMOUNT  |   |  |  |  |
| PROVIDER  | NAME AND ADDRESS  |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| AMOUNT  |   |  |  |  |

| INTEREST IN BUSINI                    | ESS IN COM                                 | MON WITH L                   | OBBYIST PART 14   |
|---------------------------------------|--|------------------------------|---|
| ✓ NOTAPPLICABLE                       |  |                              |   |
| sional association, joint venture, or | other business asse<br>erson registered as | ociation, other than a parte | partnership, professional corporation, profes-<br>publicly-held corporation, in which you, your<br>er 305 of the Government Code that both have |
| 1 BUSINESS ENTITY                     |  | NAME A                       | ND ADDRESS  |
| <sup>2</sup> INTEREST HELD BY         | FILER                                      | SPOUSE                       | DEPENDENT CHILD   |
| BUSINESS ENTITY                       |  | NAME A                       | ND ADDRESS  |
| INTEREST HELD BY                      | FILER                                      | SPOUSE                       | DEPENDENT CHILD   |
| BUSINESS ENTITY                       |  | NAME A                       | ND ADDRESS  |
| INTEREST HELD BY                      | FILER                                      | SPOUSE                       | DEPENDENT CHILD   |
| BUSINESS ENTITY                       |  | NAME A                       | ND ADDRESS  |
| INTEREST HELD BY                      | FILER                                      | SPOUSE                       | DEPENDENT CHILD   |
| BUSINESS ENTITY                       | NAME AND ADDRESS                           |                              |   |
| INTEREST HELD BY                      | ☐ FILER                                    | SPOUSE                       | DEPENDENT CHILD   |
| COPY A                                | ND ATTACH ADD                              | ITIONAL PAGES A              | S NECESSARY   |

# FEES RECEIVED FOR SERVICES RENDERED

**DADT 15** 

| TO A LOBBYIST OR L  NOTAPPLICABLE  | OBBYIST'S E   | MPLOYER                                 |  | PART 15  |
|--|---|---|--|--|
| Report any fee you received for proviction chapter 305 of the Government Code, sates or reimburses a person required services were provided, and indicate INSTRUCTION GUIDE. | or for providing services<br>I to be registered as a lo | to or on behalf of a bbyist. Report the | person you actually<br>name of each persor | know directly compen-<br>n or entity for which the |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED   |   |   |  |  |
| FEE CATEGORY   | LESS THAN \$5,000                                       | \$5,000-\$9,999                         | \$10,000\$24,999                           | \$25,000OR MORE                                    |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED   |   |   |  |  |
| FEE CATEGORY   | LESS THAN \$5,000                                       | \$5,000-\$9,999                         | \$10,000-\$24,999                          | \$25,000OR MORE                                    |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED   |   |   |  |  |
| FEE CATEGORY   | LESS THAN \$5,000                                       | <b>\$</b> 5,000 <b>\$</b> 9,999         | \$10,000-\$24,999                          | \$25,000OR MORE                                    |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED   | - ·   |   |  |  |
| FEE CATEGORY   | LESS THAN \$5,000                                       | \$5,000\$9,999                          | \$10,000\$24,999                           | \$25,000OR MORE                                    |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED   |   |   |  |  |
| FEE CATEGORY   | LESS THAN \$5,000                                       | \$5,000\$9,999                          | \$10,000\$24,999                           | \$25,000OR MORE                                    |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED   |   |   |  |  |
| FEE CATEGORY   | LESS THAN \$5,000                                       | \$5,000\$9,999                          | \$10,000\$24,999                           | \$25,000-OR MORE                                   |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY  |   |   |  |  |

# REPRESENTATION BY LEGISLATOR BEFORE

**DADT 16** 

| STATE AGENCY  | PARI 10  |
|---|--|
| NOTAPPLICABLE   |  |
| for compensation before a state name of the person represented, an information, see FORM PFSINSTRU  Note: Beginning September 1, 200 agency in the executive branch. The relationship in a criminal law matter; ( | of the Texas Legislature. A member of the Texas Legislature who represents a person agency in the executive branch must provide the name of the agency, the od the category of the amount of the fee received for the representation. For more JCTION GUIDE.  13, legislators may not, for compensation, represent another person before a state exprohibition does not apply if: (1) the representation is pursuant to an attorney/client 2) the representation involves the filing of documents that involve only ministerial acts are representation is in regard to a matter for which the legislator was hired before |
| 1 STATE AGENCY  |  |
| PERSON REPRESENTED  |  |
| FEE CATEGORY  | LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000OR MORE  |
| STATE AGENCY  |  |
| PERSON REPRESENTED  |  |
| FEE CATEGORY  | LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000OR MORE  |
| STATE AGENCY  |  |
| PERSON REPRESENTED  |  |
| FEE CATEGORY  | LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000OR MORE  |
| STATE AGENCY  |  |
| PERSON REPRESENTED  |  |
| FEE CATEGORY  | LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE  |
|   |  |

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

**PART 17** 

✓ NOTAPPLICABLE

**Texas Ethics Commission** 

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS-INSTRUCTION GUIDE.

| SOURCE OF BENEFIT                             | NAME AND ADDRESS |  |  |  |  |
|---|------------------|--|--|--|--|
| BENEFIT                                       |                  |  |  |  |  |
| SOURCE OF BENEFIT                             | NAME AND ADDRESS |  |  |  |  |
| BENEFIT                                       |                  |  |  |  |  |
| SOURCE OF BENEFIT                             | NAME AND ADDRESS |  |  |  |  |
| BENEFIT                                       |                  |  |  |  |  |
| SOURCE OF BENEFIT                             | NAME AND ADDRESS |  |  |  |  |
| BENEFIT                                       |                  |  |  |  |  |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY |                  |  |  |  |  |

| Texas Ethics Commission F                      | P.O. Box 12070                      | Austin, Texas 78711-2070  | (512) 463-5800         | 1-800-325-850 |
|--|-------------------------------------|---|------------------------|---------------|
| LEGISLATIVE CON                                | TINUANCES                           | 5   |                        | PART 18       |
| NOTAPPLICABLE                                  |                                     | •   |                        |               |
| and Remedies Code, or unde                     | er another law or rul               | applied for or obtained under sect<br>e that requires or permits a coun<br>or member-elect of the legislature | t to grant continuance |               |
| NAME OF PARTY REPRESENTED                      | Robert Snyder                       |   |                        |               |
| <sup>2</sup> DATE RETAINED                     | April 2007                          |   |                        |               |
| 3 STYLE, CAUSE NUMBER,<br>COURT & JURISDICTION | City of Dallas v.<br>CS No. 15-8049 |   |                        |               |
| DATE OF CONTINUANCE APPLICATION                | June 22, 2007                       |   |                        |               |
| 5<br>WAS CONTINUANCE<br>GRANTED?               | ✓ YES                               | □ NO  |                        |               |
| NAME OF PARTY<br>REPRESENTED                   |                                     |   |                        |               |
| DATE RETAINED                                  |                                     |   |                        |               |
| STYLE, CAUSE NUMBER,<br>COURT, & JURISDICTION  |                                     |   |                        |               |
| DATE OF CONTINUANCE<br>APPLICATION             |                                     |   |                        |               |
| WAS CONTINUANCE<br>GRANTED?                    | YES                                 | □ NO  |                        |               |

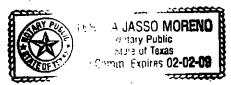
### PERSONAL FINANCIAL STATEMENT AFFIDAVIT

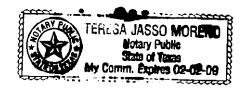
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE





| Sworn to and subscribed before me, by | the said Noya West                          | , this the _       | 1145 | day of |
|---------------------------------------|---|--------------------|------|--------|
| te brung . 20 08                      | $\_$ , to certify which, witness my hand ar | nd seal of office. |      |        |

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath